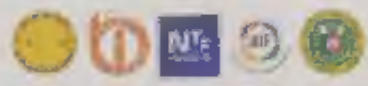


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COVID-19 Vaccination Card



Please keep this record card, which includes medical information about the vaccines you have received.

CORPIL CRISTY SENAS
 Last Name First Name MI Suffix
 Address Poblacion Indan, Batangas Contact No. 0938 531 4020
 Date of Birth 06/03/1999 Sex F Philhealth No. Category A4

Dosage Seq.	Date	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose 9:22AM	11/19/21	Astrazeneca		PW40096
		Vaccinator Name: DENNIS P. MACATANGAY	Signature: <i>[Signature]</i>	
2nd Dose (Schedule: 14)	12/29/21			
		Vaccinator Name: <i>[Signature]</i>	Signature: <i>[Signature]</i>	

Health Facility Name: IBAAN MUNICIPAL HEALTH OFFICE
 Contact No. 09636817468

Department of Health - Philippines
 National Task Force on COVID-19
 Department of Health - Region IV-A
 Department of Health - Batangas